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034055 7590 02/17/2004

PERKINS COIE LLP
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Rena Iov	(Depositor's name)
<i>[Signature]</i>	(Signature)
May 14, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/903,381	07/11/2001	Charles W. Hewitt	266/156	8315

TITLE OF INVENTION: CONTROL SAMPLES FOR USE AS STANDARDS FOR EVALUATING APOPTOSIS IN A SELECTED TISSUE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	05/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAUCIER, SANDRA E	1651	435-029000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael J. Wise
 2. Perkins Coie LLP
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UNIVERSITY OF MEDICINE AND
 DENTISTRY OF NEW JERSEY

New Brunswick, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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05/19/2004 MAHME2 00000217 09903381

01 FC:2501
 02 FC:1504
 03 FC:8001

665.00 OP
 300.00 OP
 9.00 OP

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